



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021796

[REDACTED]

Dear [REDACTED],

On October 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 17, 2017 eligibility determination and disenrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021796



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that the enrollment of your children in their Child Health Plus plan ended effective September 30, 2017?

Procedural History

On July 12, 2017, NYSOH issued an eligibility determination notice stating that your children were each eligible for Child Health Plus (CHP) at full cost, effective August 1, 2017.

Also on July 12, 2017, NYSOH issued an enrollment notice confirming your child's enrollment in a CHP plan as of July 11, 2017, with a monthly premium of \$237.16 each. The notice stated that their coverage would begin effective August 1, 2017.

On August 16, 2017, NYSOH received an update to your application reflecting that you were no longer seeking health insurance for your children through NYSOH.

On August 17, 2017, NYSOH issued an eligibility determination stating that your children were no longer eligible for coverage through NYSOH because you no longer wanted them to receive coverage. This determination was effective October 1, 2017.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

Also on August 17, 2017, NYSOH issued a disenrollment notice stating that your children's CHP plan coverage would end effective September 30, 2017 because they were no longer eligible to enroll in health insurance through NYSOH.

On August 24, 2017, you contacted the NYSOH Account Review Unit and appealed the date your children were disenrolled from their CHP plan, requesting the disenrollment be made effective August 31, 2017.

On October 30, 2017, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your children were reenrolled in their CHP plan coverage effective August 1, 2017.
- 2) You testified that you called NYSOH on or about August 1, 2017 regarding the increased premium to continue their coverage during 2017.
- 3) You further testified that you made the expedited payment to the insurance carrier on or about August 1, 2017 to continue their coverage during the month of August 2017, but were not advised by the NYSOH representative of the date by which you needed to request their disenrollment into order for it to be effective as of August 31, 2017.
- 4) You testified that on August 16, 2017, you contacted NYSOH to request to formally disenroll your children from their CHP plan. You further testified that the NYSOH representative stated that you would have needed to request a disenrollment up to two months prior to the date.
- 5) Your children were disenrolled from their CHP plan coverage effective September 30, 2017.
- 6) You testified that you have not paid any premium amount due for your children's CHP plan coverage for the month of September 2017.
- 7) You testified that you are seeking retroactive disenrollment from your children's CHP plan through NYSOH, effective August 31, 2017.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Child Health Plus

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

Child Health Plus Disenrollment Date

The State plan must include a description of the state’s policies governing enrollment and disenrollment (see 42 CFR § 457.305(b)). Eligibility rules are set out in NY Public Health Law § 2511(2), as well as in the NYSDOH 2008-2012 Contract and Plan Manual.

If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee’s request or effective on a future date if requested by the enrollee (NYSDOH 2008-2012 Model Contract (Appendix C Section 12.2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your children’s enrollment in their CHP plan ended effective September 30, 2017.

Your children were enrolled in a CHP plan at least as early as August 1, 2017.

You testified, and the record confirms, that you contacted NYSOH and requested that your child be disenrolled from her CHP plan on August 16, 2017. Based on this request, on August 17, 2017, NYSOH issued a disenrollment notice indicating that your children coverage in their CHP plan would end September 30, 2017.

Enrollees may request disenrollment from their CHP plan at any time. If the enrollee requests a disenrollment, the request is effective the first day of the month following the receipt of the enrollee’s request or effective on a future date if requested by the enrollee. If the enrollee gains access to a state health benefits plan or becomes enrolled in other health insurance, the enrollee shall be disenrolled effective the first day of the month following the date that the enrollee provides information regarding other insurance.

You testified that you called NYSOH on or about August 1, 2017 regarding the increased premium to continue their coverage during 2017. You further testified that you made the expedited payment to the insurance carrier on August 1, 2017 to continue their coverage during the month of August 2017, but were not advised by the NYSOH representative on the date by which you needed to request their disenrollment into order for it to be effective as of August 31, 2017.

You testified, and your NYSOH account reflects, that on August 16, 2017, you contacted NYSOH to request to formally disenroll your children from their CHP plan. You further testified that the NYSOH representative stated that you would have needed to request a disenrollment up to two months prior to the date.

Accordingly, we find there to be sufficient evidence that your children's CHP coverage should have ended as of August 31, 2017, rather than September 30, 2017.

Therefore, the August 17, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your children were no longer eligible for their CHP plan coverage effective August 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your children.

Decision

The August 17, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your children were no longer eligible for their CHP plan coverage effective August 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your children.

Effective Date of this Decision: November 3, 2017

How this Decision Affects Your Eligibility

Your children's CHP coverage through NYSOH ended effective August 31, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The August 17, 2017 eligibility determination and disenrollment notices are MODIFIED to state that your children were no longer eligible for their CHP plan coverage effective August 31, 2017.

Your case is RETURNED to NYSOH to effectuate the above referenced change in CHP coverage termination date for your children.

Your children's CHP coverage through NYSOH ended effective August 31, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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